



# Williamsburg Parks & Recreation Department

## Boys & Girls - Youth Basketball Registration



**Ages 6 to 12**  
**Ages 13 to 17**

**Registration: September 1 - 30**  
**Registration: November 1 - 19**

Your age for this season is your age as of **09/01/06.**

This program is for residents of Williamsburg, James City County and York County.

### **Registration Fee:**

\$45 – 1<sup>st</sup> participant  
\$35 – 2<sup>nd</sup> participant  
\$25 – each additional participant  
in the same family

### **Register in Person:**

Quarterpath Recreation Center  
202 Quarterpath Road  
Williamsburg, VA 23185

**Hours:** Mon – Fri 8 a.m. to 9 p.m.  
Sat 9 a.m. to 6 p.m.  
Sun 1 p.m. to 8 p.m.

### **On-line:**

Registration is available with a check, valid MasterCard or Visa credit card during the registration period only. Visit  
[www.williamsburgva.gov/dept/rec](http://www.williamsburgva.gov/dept/rec)

### **By Mail:**

Complete the registration form on the reverse side. Make check payable to Williamsburg Recreation and mail to 202 Quarterpath Road, Williamsburg, VA 23185.



### **General Information:**

1. Each player will receive a t-shirt.
2. Player requests for specific teammates **WILL NOT BE GUARANTEED.**
3. Player requests for specific coaches **WILL NOT BE GUARANTEED.**

	<b><u>Ages 6 to 12</u></b>	<b><u>Ages 13 to 17</u></b>
<b>Registration:</b>	September 1 - 30	November 1 - 19
<b>Practice begins:</b>	November 1	December 11
<b>Season begins:</b>	November 27	January 8
<b>Season:</b>	November 27 <sup>th</sup> – March 11 <sup>th</sup>	
<b>Winter Break:</b>	December 20 <sup>th</sup> – January 5 <sup>th</sup>	

**\*Practices & Season dates are subject to change.\***

**Williamsburg Parks & Recreation Department (757) 259-3760**

**Do not return this flyer to the school office.**

***The Williamsburg Department of Parks & Recreation does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.***

**Registration / Refund Information:** All registrations are accepted on a first-come, first-served basis. Stop by the office at the Quarterpath Recreation Center to complete the registration/waiver form and pay the required fee (cash, check made payable to Williamsburg Recreation, VISA or MasterCard). The Williamsburg Department of Parks and Recreation does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. There will be no refunds after Youth Basketball games begin. Any requests for a refund after the first day of games for illness, injury or re-location is subject to review by the Director. All refunds will be assessed a 10% administrative fee, not to exceed \$5.00.



# Williamsburg Parks & Recreation

## Youth Basketball Registration Form

**PLEASE PRINT**



PLAYER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LIVES WITH: ☐ Father ☐ Mother ☐ Both ☐ Legal Guardian AGE: \_\_\_\_ **As of 09/01/06** SEX: \_\_\_\_\_

SCHOOL PLAYER ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

HEIGHT OF PLAYER: \_\_\_\_\_ feet \_\_\_\_\_ inches (Please be accurate)

T-SHIRT SIZE: ☐ Y-MED ☐ Y-LRG ☐ A-SM ☐ A-MED ☐ A-LRG ☐ A-XL ☐ A-XXL

### BOYS LEAGUES

Boys 8-under ☐ Boys 14-under ☐  
Boys 10-under ☐ Boys 17-under ☐  
Boys 12-under ☐

### GIRLS LEAGUES

Girls 8-under ☐ Girls 14-under ☐  
Girls 10-under ☐ Girls 17-under ☐  
Girls 12-under ☐

Do you currently play on a: School team ☐ AAU team ☐

Do you currently play on a: School team ☐ AAU team ☐

### FATHER

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Basketball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### NO REFUNDS AFTER THE GAMES BEGIN – PAYMENT MUST ACCOMPANY REGISTRATION FORM

**MEDIA RELEASE:** I authorize Williamsburg Parks and Recreation Department to reproduce and/or publish pictures or likeness of my child(ren) and I, for the promotion of, or encouraging public participation in, the Williamsburg Parks and Recreation programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

DEAR PARENT: We are always in need of volunteer help. Coaching takes only 2-3 hours each week and does not require extensive knowledge of basketball. Without volunteer coaches, the program would not be as successful. PLEASE INDICATE BELOW THE POSITION YOU WOULD BE WILLING TO ACCEPT.

HEAD COACH: \_\_\_\_\_ ASSISTANT COACH: \_\_\_\_\_

Name \_\_\_\_\_ Home Number \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Number \_\_\_\_\_

*In an effort to better insure the safety of all children participating in the many programs and activities, the recreation department now requires all coaches to undergo a background check. Your cooperation is imperative to complete this process at your earliest convenience since it takes 4 to 6 weeks to process. Please call 259-3760 if you are interested in coaching.*

REGISTRATION FEE PAID \$ \_\_\_\_\_ Check ☐ Cash ☐ Charge ☐ DATE \_\_\_\_\_ Receipt # \_\_\_\_\_